24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
	G 333347.07
Check if 24-hour report X 48-hour report New report X Amends report filed	on 10 / 02 / 2015
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Solutions	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N. St. Asaph St	Amount
City State Zip Code	743.01
Alexandria VA 22314	Transaction ID : SE24.1036 Date of Disbursement or Obligation
Purpose of Expenditure October Monthly List Rental Fees Category/ Type	10 01 2015
Name of Federal Candidate Support Office	e Sought: House District:
Hillary Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Solutions	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N. St. Asaph St	Amount
City State Zip Code	4488.31
Alexandria VA 22314	Transaction ID : SE24.1037 Date of Disbursement or Obligation
Purpose of Expenditure October Monthly External Deployment Costs Category/ Type	10 01 2015
Name of Federal Candidate Support Office	e Sought: House District:
Hillary Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5231.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • •
)2 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	